Revision: HCFA-AT-81-34 (BPP)

10-81

State Kentucky

Citation

4.21 Prohibition Against Reassignment of Provider Claims

42 CFR 447.10(c) AT-78-90 46 FR 42699

Payment for Medicaid services furnished by any provider under this plan is made only in accordance with the requirements of 42 CFR 447.10.

TN # 81-31 Supersedes TN # 78-70

Approval Date 12/4/8/